

Automated Clearing House (ACH) Authorization



This is an **OPTIONAL** form of payment unless required by MWI

I. Authorization

I (we) _____ authorize MWI Veterinary Supply Co. to initiate debit entries to my (our) checking account indicated below at the depository named below hereinafter called DEPOSITORY to debit the same to such account (**please check one**):

- Daily: This payment will settle invoices from the previous business day the following day.
- Weekly: This payment will settle invoices from the previous week on _____ (specify weekday, M-F).
- Monthly: This payment will settle invoices from the previous statement on the 10th of each month.

II. MWI Account information

MWI Account Number _____ Business Name _____

Account Holder's Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

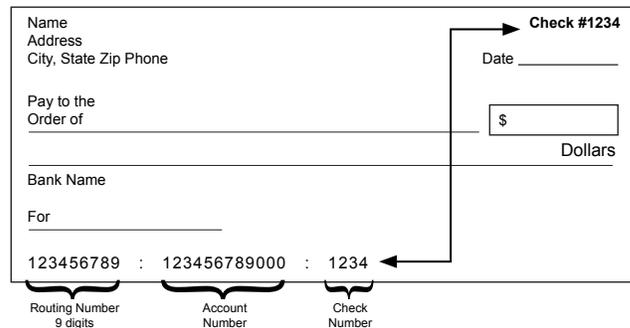
III. Bank Account Information

Name of Bank _____

City/State/Zip _____

ABA/Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until MWI Animal Health has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MWI Animal Health and Depository a reasonable opportunity to act on it.



Please provide a VOIDED check with this form.

Authorizing Signature _____

AUTHORIZING SIGNATURE MUST BE AN AUTHORIZED SIGNATURE ON THE BANK ACCOUNT GIVEN ABOVE

Print Name _____ Date _____

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. Please be aware that should funds not be available in your account at the time of electronic transfer, your MWI Account could be placed on hold. We require two business days notice if payment is not to be made through the ACH Debit Program for a given month.

III. Return Completed Form to MWI Animal Health

✉ NewAccount@mwiah.com 📞 855.854.3922 🏠 P.O. Box 5717, Boise, ID 83705

? Contact MWI Animal Health Credit 📞 800.896.8873

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